2002 UNIFORM BUSINESS REPORT (UBR) P98000029235 **DOCUMENT #** 02 JUL -3 AM 10: 49 1. Entity Name ARCA RECYCLING, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 8139 E COLONIAL DRIVE 289 LYMAN RD ORLANDO FL 32807 CASSELBERRY FL 32707 3. Mailing Address 2. Principal Place of Business 102-9:003-2-004 \$ 150.00 Suite, Apl. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3506129 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 44200 HIYSON, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 8139 E COLONIAL DRIVE **ORLANDO FL 32807** Zip Code City ant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE .. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tex filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01 ☐ Addition Detete TITLE TITLE NAME NAME HIXSON, WILLIAM R STREET ADDRESS STREET ADDRESS 6139 E COLONIAL DRIVE CITY-ST-ZIP CITY-51-2P ORLANDO FL 32807 TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delzte TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP ☐ Addition ΠΠE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-21P CITY-ST-ZIP ☐ Addition ☐ Change IIILE ☐ Defete TIM E NAME NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP 77-51-21P I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.